

10/563832

IAP20 Res UFGT/PTO 09 JAN 2006

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	DIAGNOSIS AND TREATMENT METHODS RELATED TO AGING (8A)
Attorney Docket Number::	KOPCHICK8A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	John

Middle Name::	J.
Family Name::	KOPCHICK
Name Suffix::	
City of Residence::	Athens
State or Province of Residence::	Ohio
Country of Residence::	United States
Street of Mailing Address::	4 Orchard Lane
City of Mailing Address::	Athens
State or Province of Mailing Address::	Ohio
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	45701
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Markus
Middle Name::	
Family Name::	RIDERS
Name Suffix::	
City of Residence::	Gunnison
State or Province of Residence::	Colorado
Country of Residence::	United States
Street of Mailing Address::	602 W. Georgia
City of Mailing Address::	Gunnison
State or Province of Mailing Address::	Colorado
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	81230
Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Karen
Middle Name::	T.
Family Name::	COSCHIGANO
Name Suffix::	

City of Residence:: The Plains
 State or Province of Residence:: Ohio
 Country of Residence:: United States
 Street of Mailing Address:: 11703 Channingway Blvd.
 City of Mailing Address:: The Plains
 State or Province of Mailing Address:: Ohio
 Country of Mailing Address:: United States
 Postal or Zip Code of Mailing Address:: 45780
 Applicant Authority Type:: Inventor
 Primary Citizenship Country:: United States
 Status:: Full Capacity
 Given Name:: Elahu
 Middle Name:: S.
 Family Name:: GOSNEY
 Name Suffix::

City of Residence:: Athens
 State or Province of Residence:: Ohio
 Country of Residence:: United States
 Street of Mailing Address:: 111 W. State Street
 City of Mailing Address:: Athens
 State or Province of Mailing Address:: Ohio
 Country of Mailing Address:: United States
 Postal or Zip Code of Mailing Address:: 45701

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This Application	National Stage of	PCT/US2004/0219	07-08-04
		44	
PCT/US2004/0219	Appln claiming benefit of 35 USC 119(e)	60/485,222	07-08-03

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Assignment Information

Assignee Name::	OHIO UNIVERSITY
Street of Mailing Address::	Technology Transfer Office, 20 East Circle Drive
City of Mailing Address::	Athens
State or Province of Mailing Address::	Ohio
Country of Mailing Address::	United States
Postal or Zip Code of Mailing Address::	45701